

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90029 050 ****61.25

DOCUMENT # N07065



1. Entity Name
FIRST UNITARIAN UNIVERSALIST CONGREGATION OF
THE PALM BEACHES, INC.

Principal Place of Business
635 PROSPERITY FARMS RD.
N.PALM BCH., FL 33408

Mailing Address
635 PROSPERITY FARMS RD.
N.PALM BCH., FL 33408



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07022006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-6162395 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
CROWE, ROBERT C
635 PROSPERITY FARMS RD
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent
Name HUBER, BONNIE B.
Street Address (P.O. Box Number is Not Acceptable)
635 PROSPERITY FARMS RD
City NORTH PALM BEACH FL Zip Code 33408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bonnie Huber, Treas. BONNIE HUBER, TREAS. 7/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHMORE, ROBERT 126 LIGHTHOUSE DR JUPITER, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, BETTY 7210 CRYSTAL LAKE DRIVE WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUEN, HENRY 12852 150 COURT N JUPITER, FL 33478 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALLAHAN, JAMES 216 TALL OAKS CIR PALM BCH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARY, REBECCA G 516 OLIVE TREE CIR WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BUDDUG, MAIR 531 DATE PALM DR WEST PALM BEACH, FL 33403 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAUBER, LARRY 175 CAPE POINTE CIRCLE JUPITER, FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, WENDY 284 MARLBERRY CIRCLE JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMYTH, TRISH 536 ANCHORAGE DRIVE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUBER, BONNIE 221 231 POINCIANA DR JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HATZFELD BARBARA 319 CLUB DRIVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, WAYNE 4819 CENTER STREET JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie B. Huber 7/06/06 561-627-6105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #